

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014197

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

 Registered Office No. 042 Primary Registration District No. 1000 Registrar's No. 433  
 FILED APR 23 1962
VS 300  
Rev. 4/59
 1 5117  
 2 5117  
 3 2  
 4 0  
 5 1  
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 7 0  
 8 2  
 9 332X  
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 12 3-0  
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
S.F. Waggoner, M.D.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>				Length of stay in 1b <u>32 years</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>220 W. Valley St.</u>	
3. NAME OF DECEASED (Type or print) First <u>HOMER</u> Middle <u>ODAS</u> Last <u>BUTCHER</u>				4. DATE OF DEATH Month <u>April</u> Day <u>13</u> Year <u>1962</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/13/1880</u>	
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR. Hours <u>  </u> Min. <u>  </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hog Kill Dept.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Packing Plant</u>		11. BIRTHPLACE (City and state or country) <u>Mill Grove, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>Marion Butcher</u>				13b. MOTHER'S MAIDEN NAME <u>Amanda Loe</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Viola Butcher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>  </u>		17. INFORMANT <u>Mrs. Nancy Butcher, 220 W. Valley</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>Cerebral Arteriosclerosis</u>			
				DUE TO (c) <u>Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1/7/53</u> to <u>4/13/62</u> and last saw her/him alive on <u>4/13/62</u>				Death occurred at <u>7:30 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Sharon E. Waggoner M.D.</u>				22b. ADDRESS <u>301 Illinois Ave St. Joseph, Missouri</u>		22c. DATE SIGNED <u>4/16/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>4/16/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>	
24. FUNERAL DIRECTOR <u>Heston Bowman</u>				ADDRESS <u>St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 19, 1962</u>	
				26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St, Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.